

Iowa Child and Adult Care Food Program

At-risk Program Monthly Attendance Record

Institution:							Site:																	
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20																								
Daily Totals																					П			
Adults-Enter number of adults served each day																								
Number of Days Snacks Served:	'		•	•		•						•	R	Report	total	attend	dance	for m	nonth	on th	e clair	m for i	reimbu	ursement.
Signature of person completing form:	Γo the b			knov	wled	ge th	he in	forn	natio	n lis	ted is	s true	e and	d cor	rect			Dat	e:				_	